

| POSITION | INITIALS | DATE | | | | | |
|---------------------------|----------|---------|----------|--|--|--|--|
| FEE DETERMINATION | | | | | | | |
| O.I.P.E. CLASSIFIER | | 43 | 4/11/01 | | | | |
| FORMALITY REVIEW | KQ. | 305/305 | 64/23/0/ | | | | |
| RESPONSE FORMALITY REVIEW | Mr. | 657 | 7/5/01 | | | | |
| | | | | | | | |

INDEX OF CLAIMS

| / | Rejected | N | Non-elected |
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| = ,,,,,,,, | Allowed | 1 | Interference |
| — (Through | h numeral) Canceled | Α | Appeal |
| ÷ ` | Restricted | 0 | Objected |

| Claim | T | | _ | Date | | | | | | | | | ate Claim Date | | | | | | | | | | \neg | Claim Date | | | | | | | | | | | | |
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If more than 150 claims or 10 actions staple additional sheet here